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Study on institutionalized and non-institutionalized elderly people

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Abstract

The aim of this study was to assess and compare of aging in institutionalized and non- institutionalized elderly people. The instruments used were a satisfaction with a life scale and psychological scale. The total sample 120 elderly people 60 institutionalized people and 60 non-institutionalized aged group 60-85 years. Statistically significant difference were found for the scale's factors between institutionalized and non- institutionalized older adults. In the factor dependence, sadness, and old fashioned. The study revealed the majority of elderly had not satisfaction with life live in institutionalized. The test was applied to check difference of elderly people in institutionalized and non-institutionalized. The ANOVA method and t' test used to check the difference.

Keywords: Elderly people, institutionalized, non- institutionalized, satisfaction

Introduction

Old age is the closing period in the life span. It is a period when people "move away" from previous, more desirable period of 'usefulness'. Age sixty is usually considered the dividing line between middle and old age. (Hurlock E.B 1981) ^[1].

As the world's population ages and people live longer, it is becoming increasingly important to ensure that older people enjoy a good quality of life and experience especially a positive subjective well-being. Satisfaction with life and contributors to well-being in very old age constitute a major concern for the elderly population as well for gerontological research. (Priyanka 2010) ^[2, 3]. The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. (Rathaur 2015) ^[4, 5]

Institutionalization of elderly people continues to be a national problem. On the one hand because of the low number of institutions which are capable to take over the increased number of elderly, and on the other hand due to lack of needed funds for adequate endowment of this institution. Many of the elderly people's pensions are ridiculously small and not meeting the possibilities to satisfy the basic needs, without counting the fulfillment of some wishes or desires of the elderly.

Well-being in old age also requires universal and equal access to a full continuum of health care services that are tailored to each community's needs and meet appropriate legal, regulatory, and professional standards. Lack of services and UN afford ability are primary barriers to access, especially in low- and middle-income countries. Regardless of location or cost, many older adults cannot access services due to discriminatory attitudes and practices based on age, gender, race, ethnicity, language, sexual orientation, gender identity and expression, physical, psychological, or cognitive disability, or other diversity factors-or forego using available services that are not culturally appropriate or physically accessible.

Well-being has become an important focus for health and social policy in general, and in relation to older people in particular. The National Framework for Older People links well-being to ideas around active ageing.

Physical, social and emotional health's are all important aspects of our overall health and wellbeing. Keeping active in older age is vital for each of these aspects of our wellbeing. This may mean being physically or socially active, or keeping the mind active. Everyone has different interests and activities they like to pursue, and these may change from time to time as circumstances change.

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However, it is important that we continue to pursue things of interest that give purpose to our lives, regardless of our age or ability. This can help us feel positive and lift our mood when we are feeling flat or low.

Old age can be broadly characterized by time-altered changes in an individual's biological,

Psychological and health related capabilities and its implications for the consequent changes in the individual's role in the economy and the society (Irudaya Rajan and Misra, 1995) [7].

The task of looking after the welfare of these citizens, who are in need of physical, financial and emotional care, is a daunting one for a country where the majority of the population is barely able to live above the poverty line. One aspect of this welfare consists in providing affordable and adequate health care for the elderly, by taking into account the pathologies of old age. A second issue is the socio-economic vulnerability of the elderly (in addition to the physical problems of old age). Disease profiles are generally linked to the socio-economic status of the individual in an economy like India. A study based on a household survey in Bangladesh (Kabir 1992) [6] studied the relationship between incidence of disease and the socio-economic characteristics of the elderly respondents. Both education and occupation were found to be inversely related to the incidence of disease among the elderly. Further,

it was found that more than half the respondents did not avail of government facilities because of a lack of proper and /or sympathetic care from the doctors. About one-sixth of the respondents mentioned the distance to be traveled or the long waiting time as deterrents to the use of government hospitals.

Study Area

Lucknow district of Uttar Pradesh was selected as the study area. The institutionalized areas selected the old age home – Aastha old age home and Sanjeevani Foundation (Charitable) Trust and Sava Sanklp old age home and non-institutionalized residing in their home aged group (60-85) year.

- Sample technique was purposive random sampling.
- The sample size of the study was restricted up to 120 sample. 60 institutionalized and 60 non-institutionalized.
- The main tools were used in the study was Predesigned questionnaire, and Use the scale Satisfaction with Life Scale and ,Scales of Psychological Well-Being (SPWB).
- Independent variable was age, Gender, Residing in older people etc.
- Dependent variable was Satisfaction with life and Psychological well-being.

Result

Table 1: Distribution of respondent according to age. (N=120)

Age of respondent	Institutionalized (N=60)			Non-Institutionalized (N=60)		
	Male f (%)	Female f (%)	Total	Male f (%)	Female f (%)	Total
60-70yrs	11 (37.9)	18 (72)	29	18 (62.1)	7(28)	25
71-85yrs	17 (48.6)	14 (45.2)	31	18(51.4)	17(54.8)	35

(Figure s in parenthesis indicates percentages)



Fig 1(A): Age of institutionalized people

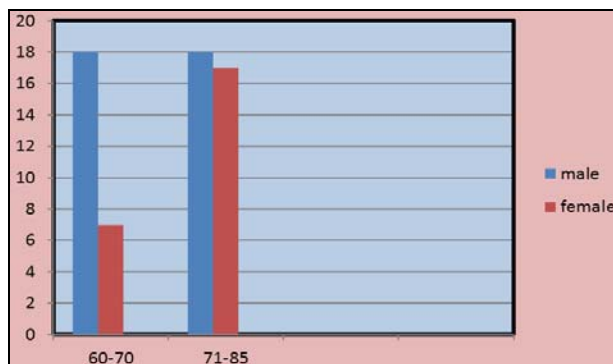


Fig 1(B): Age of non-institutionalized people

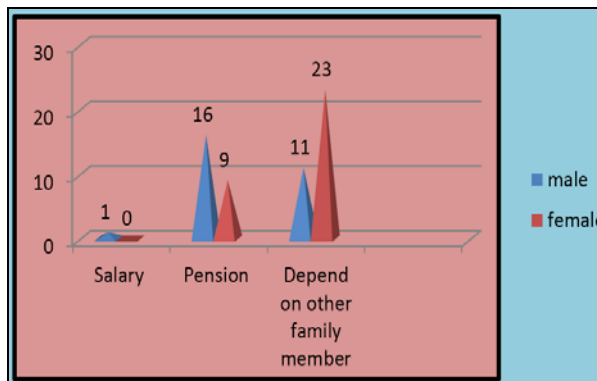


Fig 2(A): Types of income old age home of elderly



Fig 2(B): Types of income residing in their home of elderly

Table 2: Distribution of respondent according to marital status. (N=120)

Ho 1: There is no significant relationship between life satisfaction of elderly across age.

S.No	Parameter	60-70 Mean±SD	71-85 Mean±SD	t'	P'
1.	In most ways my life is close to my ideal	4.28 ±1.937	1.931±.238	.115	.735
2.	the conditions of my life are excellent	4.48±1.921	4.48±.1.721	2.436	.121
3.	I am satisfied with my life.	4.67±1.933	4.85±.1.765	2.000	.160
4.	So far I have gotten the important things I want in life.	4.72±1.878	5.20±.1.511	7.735*	.005
5.	It I could live my life over. I would change almost nothing.	3.57±2.014	3.57±. 2.099	.509	.477

Ho 2: There is no significant relationship between life satisfaction of elderly across residence of older people.

S.No	Parameter	Institutionalized Mean±SD	Non-Institutionalized Mean±SD	t'	P'
1.	In most ways my life is close to my ideal	3.28±1.984	5.45±1.080	39.430**	.000
2.	the conditions of my life are excellent	3.95±1.808	5.02±1.652	3.386	.068
3.	I am satisfied with my life.	3.78±1.823	5.75±1.230	27.733**	.000
4.	So far I have gotten the important things I want in life.	4.10±1.946	5.87±.650	105.762**	.000
5.	It I could live my life over. I would change almost nothing.	4.69±1.831	2.44±1.600	2.093	.151

(P<0.05=Level of highly significant)

Results and Discussion

The sample for the present study comprised of two age group is 60-70year and 71-85 year. thirty seven percent male and 72 percent female elderly live in old age home. And 77.8 percent male and 61.3 percent female live in their home in the age group of 60-70 year. and 48.6 percent male and 45.2 percent female live in old age home and 51.4 male and 17(54.8) female live in their home in age group 71-85 year.

It is evident from the above table elderly live in old age home 12.5 percent male respectively had salary and 55.2 percent of male and 69.2 percent female respondents, respectively had pension only 11(40.7) percent of male and 62.2 percent of female respondent are supported by children and other person. elderly residing in their home percent male and 87.5 percent (1) female respondent respectively had salary and 44.8 percent of male and 30.8 percent female respondents, respectively had pension only 59.3 percent of male and 37.8 percent of female respondent are supported by children and other person.

Result depicted in table no-Ho1 depicts that the P value calculated more than 0.05, which should that there was significant difference between age of respondent and impact of life satisfaction. Result also revealed that of the parameter highly significant (.735). It mean that there is no difference between age of respondent life satisfaction and old age.

Hence the result revealed t test was found highly significant between age of respondent and life satisfaction in old age. which mean alternative hypothesis was accepted, which mean life satisfaction in old age not dependent or influenced by age. Result depicted in Ho-2 depicts that the P value calculated more than 0.05, which should that there was significant difference between elderly who are live in old age home and also residing in their home of respondent and impact of life satisfaction Result also revealed that of the parameter significant (.000). It mean that there is difference between old age home and residing in their home of respondent change in life satisfaction in old age.

Hence the result revealed t test was found significant between residing of older people of respondent life satisfaction in old age. which mean null hypothesis was rejected, which mean life satisfaction in old age dependent or influenced by residing in older people.

Conclusion

The quality of life which each individual possess is very important in all aspects be it physical, psychological, social,

emotional, spiritual or environmental. Only if they have fulfillment in all these aspects because they are good life. In institutional settings a higher percentage of elderly showed high quality of life as compared to non institutional setting where none of the elderly men and women respondents showed they are happy in daily life. This largely explains their emotional adjustment and family conflicts with a poor social adjustment, and sometimes even aggressive behavior.

There is a significant difference between the institutional and non-institutional elderly men and women in all the dimensions of quality of life.

Reference

1. Hurlock EB. Developmental psychology, A life-span approach, 5th edition, published by –Tata McGraw New Delhi, 1981, 389.
2. Priyanka, Mishra sunita. gender difference in life satisfaction of elderly people. An International Journal Advance Research Journal of Social Science. 2010; 1(2):176-179.
3. Priyanka, mishra Sunita. Life Satisfaction of Elderly People Urban People in Urban & semi Urban Region of Lucknow. An International Research Journal Lab to Land Journal. 2010; 2(7):297-302.
4. Rathaur Anjali, mishra Sunita. Gerontological adjustment of old people and their well-being. An International Journal of current research. 2015; 7(09):20334-20337.
5. Rathaur Anjali, mishra Sunita. life style disease and well-being in old age. Journal for Studies in Management and Planning. 2015; 1(08):2395-0463.
6. Kabir M. Effects of Social Change on the Health of the Elderly: Evidence from a Micro Study. Journal of Family Welfare. 1992, XXXVIII:1.
7. Irudaya, Rajan S, Misra US. Defining Old Age: An Indian Assessment. Bold. 1995; 5:4.
8. Doshi Dhara R, Yogesh Jogsan A. Depression and psychological well-being in old age. J Psychol Psychotheran open access journal. 2013; 3:3.
9. Mishra AJ. A study of the Family linkage of the Old Age Home Residents of Orissa, Indian Journal of Gernotology. 2008; 22(2):196-221.